Author's response to reviews

Title: Constructions of sex and intimacy after cancer: A Q methodology study of people with cancer, their partners, and health professionals

Authors:

Janette Perz (j.perz@uws.edu.au)
Jane M Ussher (j.ussher@uws.edu.au)
Emilee Gilbert (e.gilbert@uws.edu.au)

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Christine Chap, PhD
Senior Executive Editor
BMC-Series

MS: 1630135203797391 Constructions of sex and intimacy after cancer: A Q methodology study of people with cancer, their partners, and health professionals.

Thank you for notification of the completion of the review process for this manuscript and notice of, in principle, acceptance for publication in BMC Cancer. We thank Reviewer 1 and the editorial team for their careful read and their constructive feedback. We have made final revisions to the manuscript according to discretionary revisions suggested by Reviewer 1's and editorial comments.

EDITORIAL COMMENTS

1. Please include the full names of the ethics committees (university & 2 area health services) in the methods section of manuscript.
   • The following text has been included:
     “Ethical approval was granted from relevant human research ethics committees, including the University of Western Sydney, and Sydney West and South Eastern Sydney Illawarra area health services”.

2. Please state in the methods section that written informed consent was obtained from all study participants.
   • The following text has been included:
     “As per the approved ethical protocol for the study, written informed consent was obtained from all participants”.

3. Please include Competing Interests section.
• A competing interests section has been included after the Conclusions.

REVIEWER (JENNIFER REESE) – Version 2, 18 March 2013

DISCRETIONARY REVISIONS:

4. “an emphasis on the fact that many of the health care professionals were mental health professionals who are likely to be more open in their attitude about discussing sex, and that more research is needed on the perspectives of oncologists and nurses with regard to discussing sexuality”.
   • The text has been amended to read:
   “Equally, as all of the participants in the present study were volunteers, and a significant number of the participants who loaded on this factor were allied health professionals, it cannot be concluded that a proactive perspective about health professional communication is widely shared; further research with a randomly selected group of health professionals working in oncology is necessary to determine the representative nature of these views”.

5. “adding in a statement about how such discussions continue to be rare, and/or relating the findings of the study with other research on actual reports of behavior, would be helpful.”.
   • The following text has been added.
   “However, sexuality was acknowledged to be a difficult subject to address which was often avoided because of patient, health professional, or situational factors[59]”.

6. “The authors might want to point out that the responses may be unique to Australian practices.”.
   • The following text and references have been added:
   “Recognition of the importance of sexuality in the context of cancer and the need for health professionals to take responsibility for initiating discussions around this issue has been emphasized in Australian clinical practice guidelines [71-73]. The findings of this study need to be considered within this context with further research examining experiences in countries where recognition of the importance of sexuality in the context of cancer is not currently reflected in health policy and practice”.

7. “a statement discussing research on those cancer patients who struggle with sex...and are not able to “renegotiate sexuality” within the context of cancer would be helpful in the Discussion section”.
   • The following text and reference have been added:
   “Other research has demonstrated that many individuals with cancer experience distress as a result of changes to their sexuality and their inability to perform coital sex [4]”.
